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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10520633 | <b>Applicant(s)/Patent Under Reexamination</b><br>TAKAKUWA, YUJI |
|   | <b>Examiner</b><br>Elizabeth Burkhart      | <b>Art Unit</b><br>1715  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 427                |                                   | 569      |  |  |  | H                            | O | S | H | 1 / 24 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 427                | 595                               |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 2   | 2        | 13    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 3        | 11    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 4        | 17    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 5        | 1     | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 6        | 21    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 16  | 7        | 22    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 18  | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 19  | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 20  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 17       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| /Elizabeth Burkhart/<br>Examiner, Art Unit 1715<br><br>(Assistant Examiner)               | 9/28/2010<br><br>(Date)  | <b>Total Claims Allowed:</b><br><br>22 |                             |
| /TIMOTHY H MEEKS/<br>Supervisory Patent Examiner, Art Unit 1715<br><br>(Primary Examiner) | 09/29/2010<br><br>(Date) | O. G. Print Claim(s)<br><br>1          | O. G. Print Figure<br><br>1 |